

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>am G</i>		5/25/00
O.I.P.E. CLASSIFIER		10	6-5-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>EW</i>	64920	7-18

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

2cc 574837

Claim	Date
Final	
Original	
4/19/02	
11/12/02	
6/25/03	
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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